

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REDUCTION OF LOW FREQUENCY VIBRATIONAL NOISE IN TOWED ARRAYS

the specification of which (check applicable box(es)):

☐ is attached hereto.

☒ was filed on as U.S. Application Serial No. 07/566,700 26 July 1990

☐ was filed as PCT international application No. PCT// on _____

and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56(a). I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Prior Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
8917275.3	GB	28 July 1990

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56(a) which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):

Application Serial No.	Day/Month/Year Filed	Status: patented, pending, abandoned
------------------------	----------------------	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint NIXON & VANDERHYE P.C., 2200 Clarendon Boulevard, 14th Floor, Arlington, Virginia 22201, telephone number (703) 875-0400 (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Arthur R. Crawford, 25327; Larry S. Nixon, 25640; Robert A. Vanderhye, 27076; Stanley C. Spooner, 27393; James T. Hosner, 30184; Robert W. Paris, 31352; Richard G. Besha, 22770; Mark B. Nusbaum, 32348; Michael J. Keenan, 32106; Bryan H. Davidson, 30251; Leonard C. Mitchard, 29009.

- 1) Inventor's Signature** Alan T. Parsons Date 29 Nov 1990

Inventor's Name (typed)	First	Middle Initial	Family Name	Citizenship
	Alan	T	PARSONS	British

Residence (City) Weymouth (State/Foreign Country) England GB2

Post Office Address 12 Charlton Road North, Weymouth, Dorset Zip Code DT4 7PX
- 2) Inventor's Signature** _____ Date _____

Inventor's Name (typed)	First	Middle Initial	Family Name	Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address _____ Zip Code _____
- 3) Inventor's Signature** _____ Date _____

Inventor's Name (typed)	First	Middle Initial	Family Name	Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address _____ Zip Code _____

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.